**Step 6: Give newborns no food or drink other than breastmilk, unless medically indicated.**

The goal of step six is to ensure infants identified as being breastfed are fed only breastmilk during the entire hospital stay. Extensive research has shown breastfeeding provides optimal infant nutrition and, unless medically indicated, no food or drink other than breastmilk is required for the first six months of life. The success of exclusive breastfeeding and avoiding supplementation is interdependent with the success of most of the other steps outlined in this program. If the other steps are not fully and successfully implemented, there is a much greater likelihood that inappropriate supplementation will occur.

Inappropriate supplementation can impact a mother’s confidence in her body’s ability to meet her infant’s nutritional needs and misleads families with inaccurate information about their infant’s needs. Families should be assured that effective breastfeeding leads to sufficient milk production and that infant stomach capacity is very small. Staff relying on misinformation or incomplete topic knowledge may be less confident and/or hesitant to fully support breastfeeding families. The facility should provide focused staff trainings on breastfeeding-specific issues such as lactation physiology, ways to support breastfeeding in the first 24 hours, and understanding the proper use of supplemental feedings. Effective staff training on the adequacy and sufficiency of exclusive breastfeeding can reduce staff reliance on inappropriate supplementation.

If staff encounters a family requesting unnecessary supplementation or a family making a decision not to provide breastmilk, the staff should offer to discuss breastfeeding with the family to ensure the family has correct information to make a fully informed decision. Parents requesting supplementation should be encouraged to discuss the reasons for their request and offered breastfeeding assistance and alternative solutions based on their concerns. Parents are informed of the risks of unnecessary formula supplementation and the impact that it may have on subsequent breastfeeding. The ultimate feeding decision is respected, supported, and documented. All infants identified as receiving “breastmilk only” should continue to be exclusively fed breastmilk until discharge. For the purposes of Keystone 10, documentation should prove (in the four months prior to submission of the application) that **80%** of infants identified as receiving “breastmilk only” continue to be exclusively fed breastmilk until discharge.

**The Keystone 10 Toolkit provides step six implementation strategies and suggestions for overcoming barriers on pages 92 - 98. Tab 11 in the toolkit, Resources for Each Step, provides resources for implementation and a facility impact worksheet for step six.**

For completion of this step, the facility should ensure:

* Only breastmilk is given to infants designated as “breastmilk only”, unless there is documentation of a medical contraindication, a medical indication for supplementation, or documented as a fully informed parental choice;
* Staff receive education regarding the proper use of supplemental feedings;
* Families requesting supplementation are provided counseling and information related to the potential risks of supplemental feeding; and,
* Family informed decisions not to breastfeed are documented.

**Application Form for Step 6:**

**Give newborns no food or drink other than breastmilk,**

 **unless medically indicated.**

**Birthing facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the person completing this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Validation of completion of Step 6**

**6.1 What percentage of infants identified at birth as receiving “breastmilk only” continue to be**

**exclusively fed breastmilk until discharge? (Exclude infants with a documented medical indication**

**for formula feeding or formula supplementation, or fully informed parental choice)**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other (please specify in the box below):

**6.2 Describe the facility’s system for ensuring “breastmilk only” infants receive only**

**breastmilk.**

**6.3 Describe the how staff address families who indicate they are not breastfeeding.**

**6.4 Describe how you counsel parents of breastfed infants who request supplemental feedings for their infants and the process of documentation.**

**6.5 What percentage of families choosing unnecessary supplementation have documentation of counseling and education for a fully informed decision?**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other (please specify in the box below):

**Thank you for completing this application.**

**Please refer to the application instructions page for submission guidance.**